

Dr. Manbhatti MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-019677
STATE FILE NUMBER

Registration District No. **128** Primary Registration District No. **2000** Registrar's No. **813**

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 **0397**

2 **0397**

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9331X

10

11

12 **4-0**

13

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY GREENE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY GREENE	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SPRINGFIELD		c. CITY OR TOWN SPRINGFIELD	
Length of stay in 1b 12 YRS.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. JOHN'S HOSP.		d. STREET ADDRESS (If outside, give location) 2018 GRACE	
3. NAME OF DECEASED (Type or print) First JAMES Middle VILLOUSBAKER Last BAKER		4. DATE OF DEATH Month MAY Day 26 Year 1963	
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1/21/01
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) TELEGRAPHER		10b. KIND OF BUSINESS OR INDUSTRY RAILROAD	
11. BIRTHPLACE (City and state or country) OBION, TENN.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME JAMES B. BAKER		13b. MOTHER'S MAIDEN NAME VICTORIA CAVENOR	
14. NAME OF HUSBAND OR WIFE VILMA BAKER		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO.		17. INFORMANT Address MRS. J.V. BAKER, SPRINGFIELD, MO.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Vascular Accident Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			INTERVAL BETWEEN ONSET AND DEATH 48 hrs
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION SPRINGFIELD, MO.		COUNTY GREENE STATE MISSOURI	
21. I attended the deceased from 5-24-63 to 5-26-63 and last saw her alive on 5-26-63 Death occurred at 11 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Don J. Manbhatti, M.D.		22b. ADDRESS Springfield, Mo.	
22c. DATE SIGNED 5-27-63		22d. LOCATION (City, town, or county) (State) THAYER, MISSOURI	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 5/29/63	
23c. NAME OF CEMETERY OR CREMATORY CITY CEMETERY		23d. LOCATION (City, town, or county) (State) THAYER, MISSOURI	
24. FUNERAL DIRECTOR H. B. LOHMEYER FUNERAL HOME		25. DATE RECD. BY LOCAL REG. 5-29-63	
26. REGISTRAR'S SIGNATURE Effie G. Melton		27. REGISTRAR'S SIGNATURE Effie G. Melton	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

EW

JUN 11 1966

JUN 19 1966

JUL 1 1966

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

James T. Shively

Licensed Embalmer No.

4875

P. O. Address

Box 1111 Me.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.